

2010 Military Health System Conference

How You Are Funded By Your Service

Sharing Knowledge: Achieving Breakthrough Performance

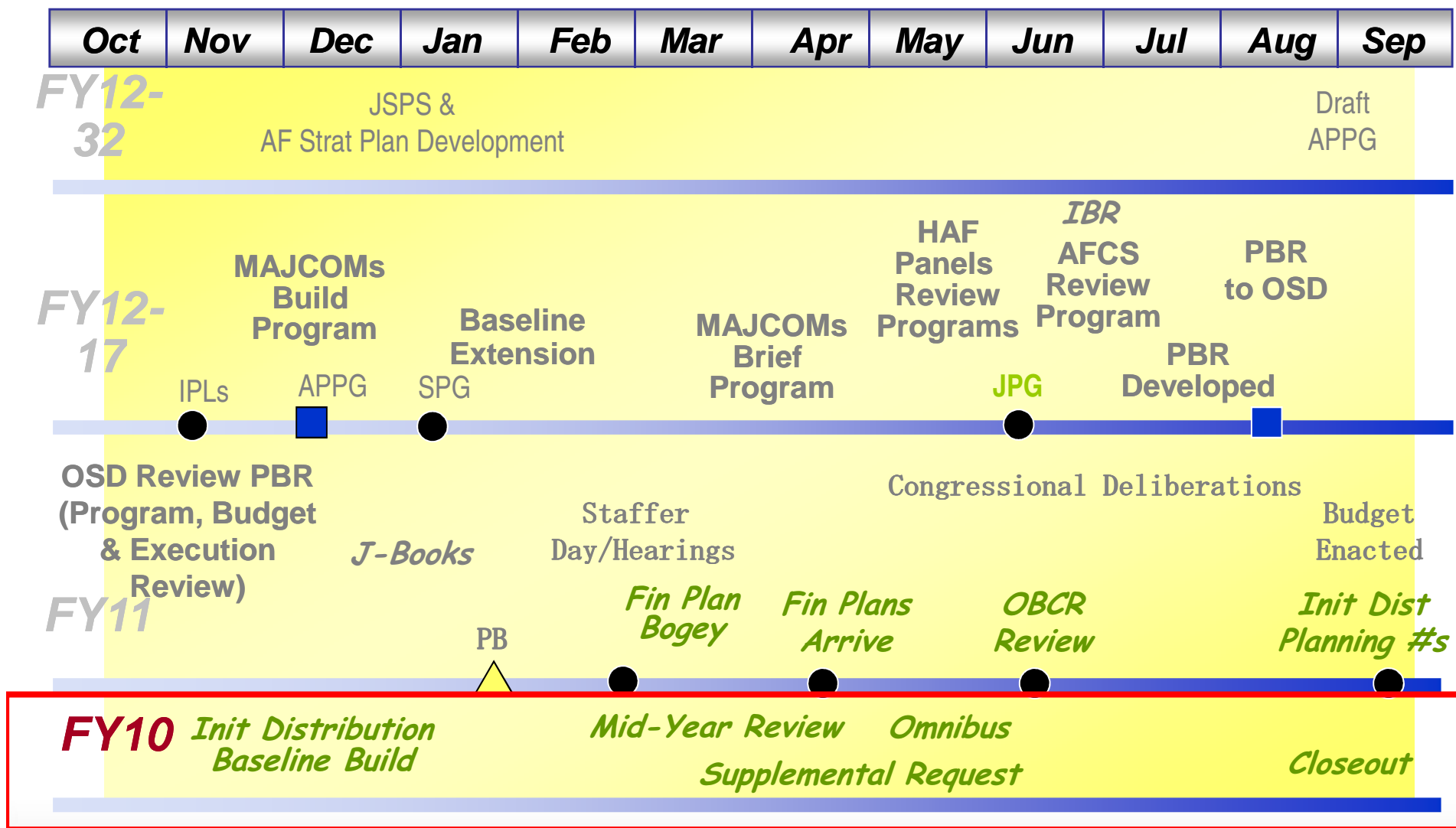
Colonel Dean Borsos

January 2010



Air Force Medical Service

Planning, Programming, Budgeting & Execution (PPBE)



AFMS...Some Basics



- AF MTF CCs work for the LAF
- MTFs based on Wing mission, location, air space, etc.,
- MTF facts of life
 - MTFs resourced to meet line mission and beneficiary population
 - Not all civilian networks are equal; MTFs must be resourced to provide quality care
 - 74 MTFs = 59 clinics + 15 hospitals

AFMS...Some Basics (cont'd)

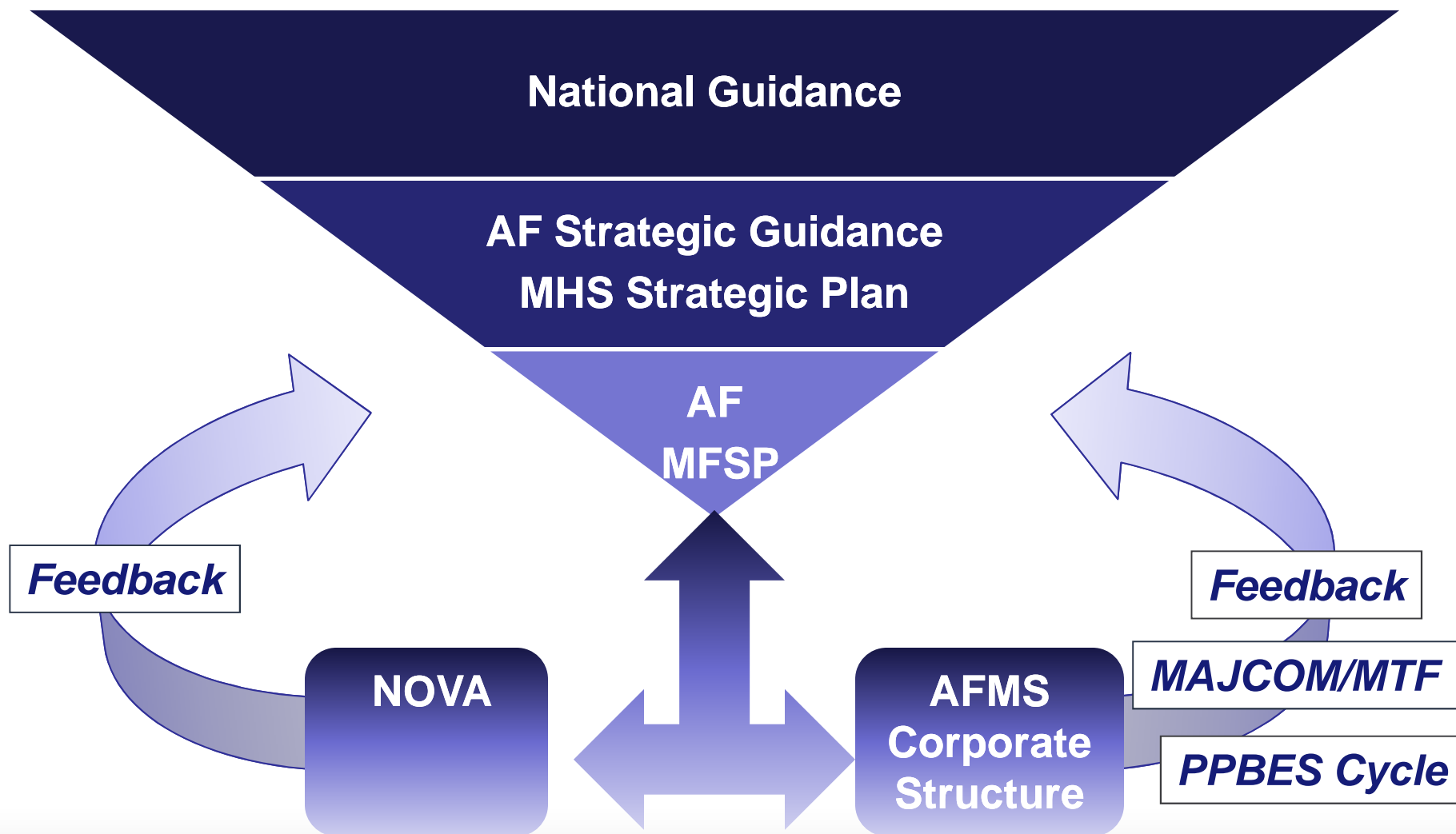


- AF medics = 30.6K (75%) AD + 7.2K (25%) civilians
- Medics funded by LAF = 2.9K (flying squadron support/aeromedical evacuation assets) (7%)
- Home station (DHP) assets deploy
- Provides/arranges care for 1.2M enrollees

Funding the AFMS and MTFs



AF Medical Futures Support Plan



The AF Medical Service (AFMS)



AFMS Vision
Seamless Health Service
Support to USAF and
Combatant Commanders

AFMS Mission
World-Class Healthcare
for Our Beneficiaries
Anywhere, Anytime

Operational Healthcare

*Trained, Current, and
Deployable To Go
Anywhere*



Home Station Healthcare

Delivering the TRICARE Benefit

AF Medicine! Trusted Care Anywhere!

Air Force & AFMS Priorities



Reinvigorate the Nuclear Enterprise

Deliver Best Medical Reliability for the Nuclear Mission

Partner with Joint and Coalition Team to Win Today's Fight

Enhance Full-Spectrum Medical Capabilities to Support Winning Today's Fight

Develop and Care for Airmen and their Families

Implement Patient-Centered Care to Sustain Healthy and Resilient Airmen and Families

Modernize our Air and Space Inventories, Organizations & Training

Advance Medical Capabilities through Research and Infrastructure Recapitalization

Recapture Acquisition Excellence

Build Interoperability and Medical Acquisition Expertise



AFMS Priority 3



Implement Patient-Centered Care
to Sustain Healthy and Resilient Airmen and Families

- Goals
 - Ensure currency for peacetime/expeditionary medical requirements
 - Build medical officer/enlisted/civilian (OAC) force development opportunities
 - Develop retention/recruiting strategies to enable balanced sustainment of AF specialties and expertise
 - Improve patient-centered health care focused on quality, cost, access and performance

AFMS Priority 3



■ Objectives

- Continue to improve DT/HPERB processes to meet AF/national certification requirements and develop AF leaders
- Integrate civilian and military career field DT process
- Identify right number of FM residency slots and ensure FM platforms meet requirements
- Identify right number of RAM residency slots and build clinically-based RAM residency

Objectives May Require Policy Change, Resources, or Both

AFMS Priority 3



Objectives May Require Policy Change, Resources, or Both

- Objectives (cont'd)

- Develop strategies to target critical AFMS capabilities/expertise
- Effectively use pay/practice reforms to compete with private sector
- Implement Medical Home across AFMS
- Extend Medical Home model to Int Med, Peds, FSO, and ER
- Develop process to identify, treat and track TBI and other high-risk MH patients

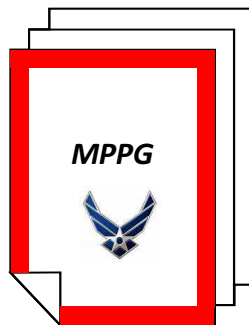
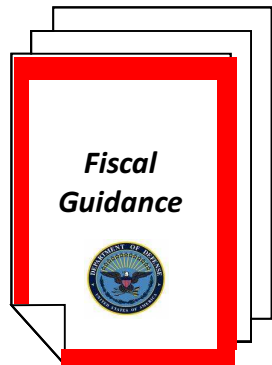
Medical Planning and Programming



- Long Range Planning
- Critical linkage
 - JPG; GDF; C...
- Combines Fiscal

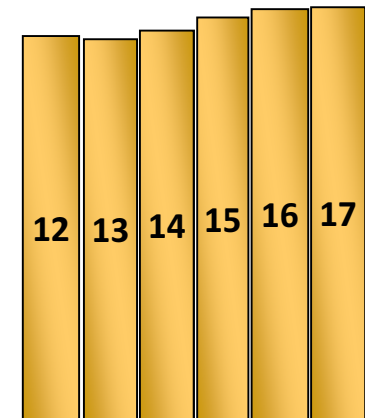


resources
programming
TMA/HA
ance



There are three things required to develop a POM

- 1) a baseline
- 2) fiscal guidance
- 3) program guidance



Most Dear FY12 Funded Content Least Dear	Most Dear FY13 Funded Content Least Dear	Most Dear FY14 Funded Content Least Dear	Most Dear FY15 Funded Content Least Dear	Most Dear FY16 Funded Content Least Dear	Most Dear FY17 Funded Content Least Dear
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FYDP →

FY12-17 Medical Planning and Programming Guidance



- Outlines priorities, goals and objectives; assigns appropriate Panel to address Programmatically
 - Develop standard, consistent Medical PRP processes AFMS-wide
 - Implement Medical Home across AFMS
 - Identify market opportunities for clinical currency
 - Work with MTFs impacted by BRAC/Jt Basing to address resourcing needs

Build Process



- Develop medical Planning and Programming Guidance--incorporate higher level guidance
- Establish baseline position – “getting the books right”
- MTFs/Intermediate Command develop options to meet guidance

Ensures fully integrated/vetted program

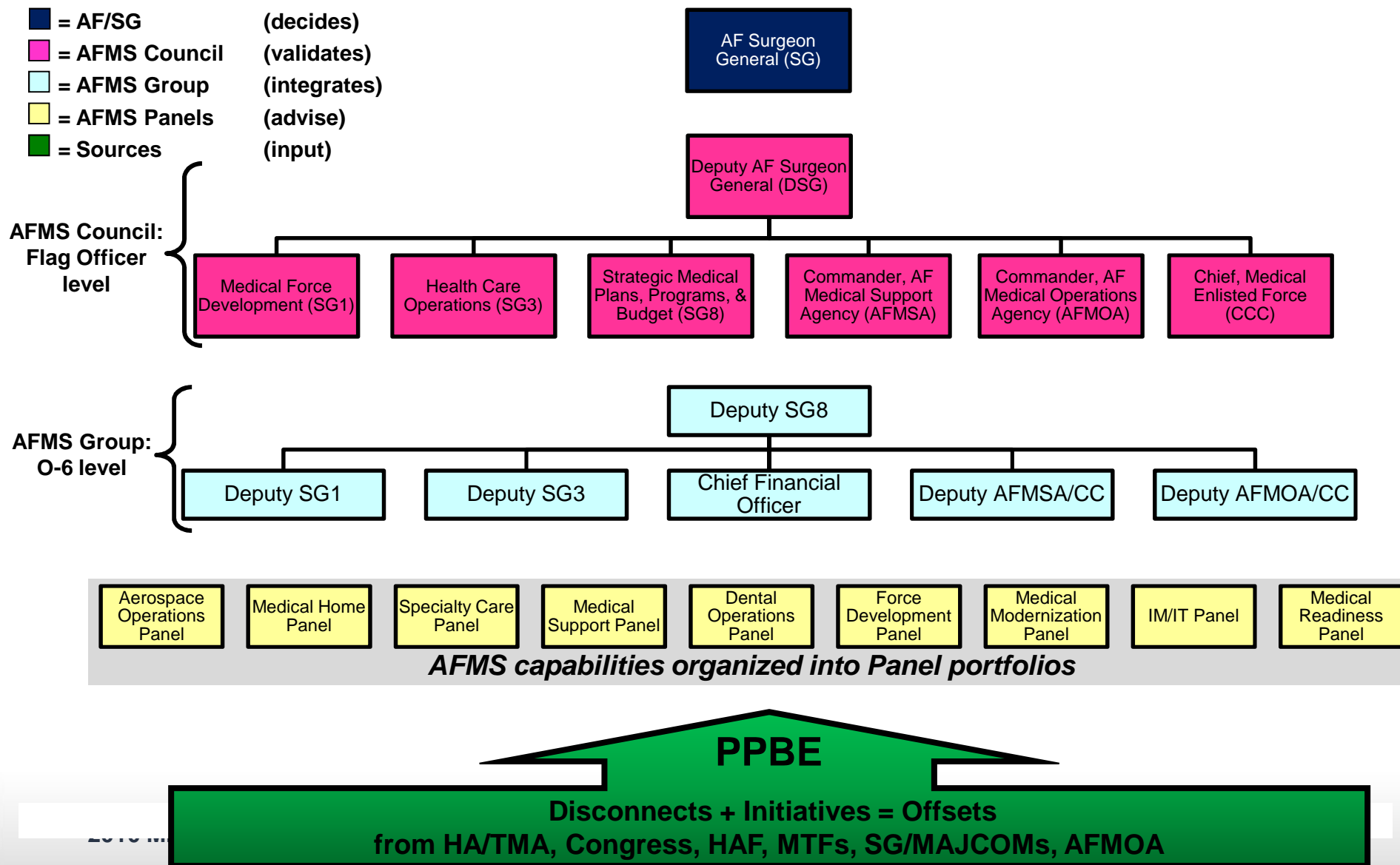
Build Process (cont'd)



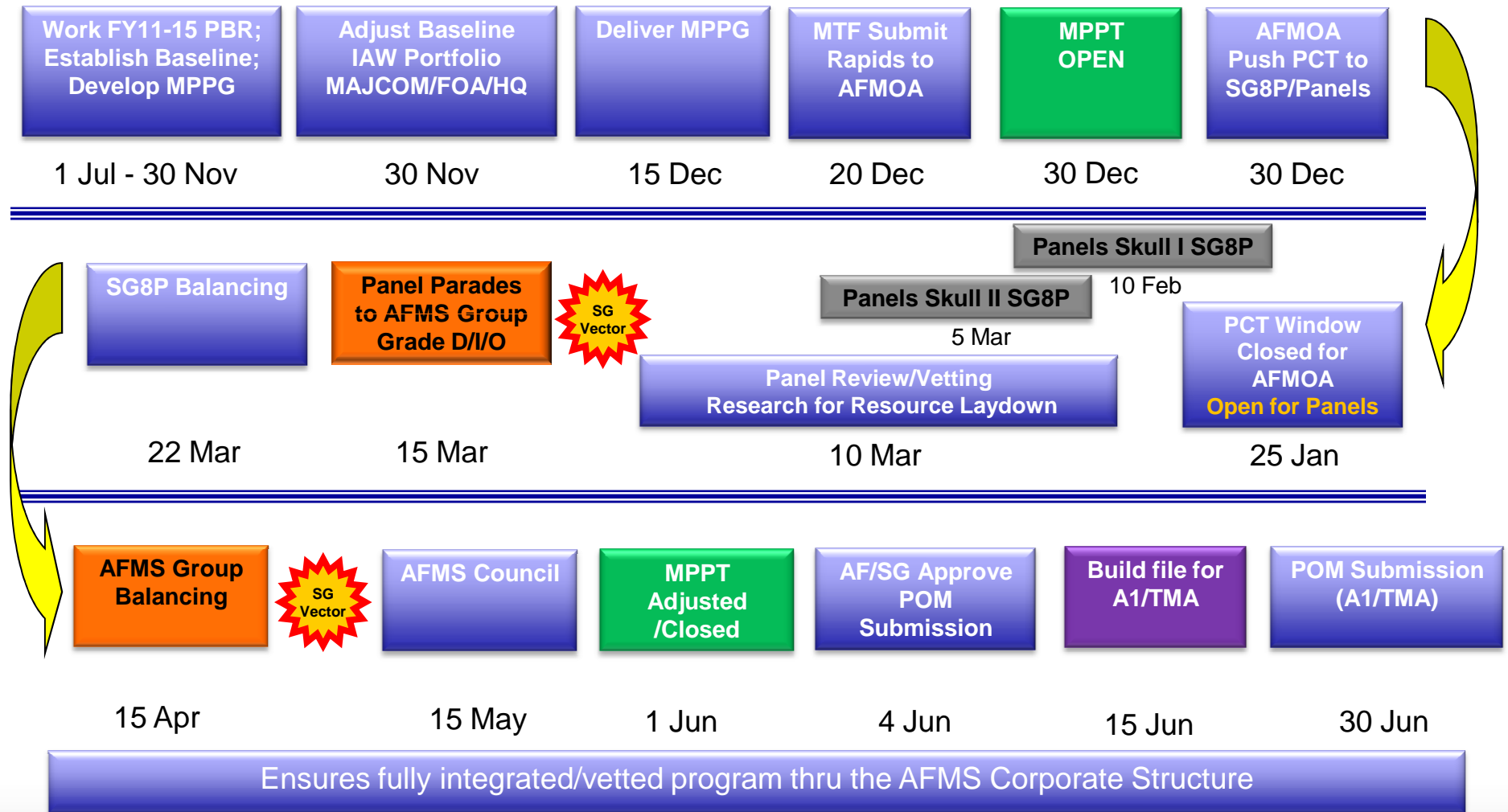
- AFMS Corporate Structure Review
 - Group: Balance Disconnects/Initiatives/Offsets (O-6 Level)
 - Council: Vectors/validates inputs (GO/FO level)
 - AF/SG: Approves
- SecAF/CSAF and TMA Review
- Adjust Resourcing Files: Build MILPERS files for A1 and build Financial files for TMA

Ensures fully integrated/vetted program

AFMS Corporate Structure



Build Process – Flow Chart

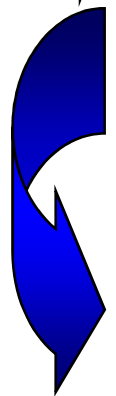
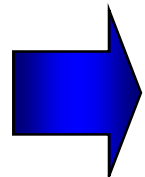


Bottom Line...Our Intent



AF Medical Future Support Plan

- Synthesize all levels of strategic guidance
- Analysis of mission req'ts
- Database validation
- Administrative clean-up



MPPG



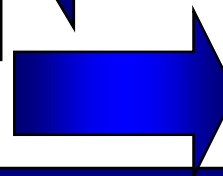
- Planning
- Programming
- Budgeting
- Execution

***FY12-17
POM***

***FY12 President's
Budget***



***FY12
Execution Year***



Accountable / Transparent

Thank you



Questions?